

## **City of Jefferson**

Department of Public Works  
320 E. McCarty St.  
Jefferson City, MO 65101



## **Carrie Tergin, Mayor**

Matthew J. Morasch, PE, Director  
Phone: 573-634-6410  
Fax: 573-634-6562

### PROCEDURES FOR CONSIDERATION OF ITEMS BY THE TRANSPORTATION AND TRAFFIC COMMISSION AND ENACTMENT BY THE CITY COUNCIL

1. Requestor files the agenda item request with the Department of Public Works on form provided by the Department. The filing deadline is the 20<sup>th</sup> day of the month preceding the month in which the Transportation and Traffic Commission meeting is held. If any item is referred by another party, an agenda item request will be mailed to the person requesting the action.
2. Items that require property owner surveys may be held over until the second month to allow time for preparation, distribution and evaluation of a survey.
3. The Commission meets the second Wednesday of each month. An agenda for the meeting will be sent to the requestor, who is invited to attend the meeting.
4. Actions recommended by the Transportation and Traffic Commission require passage of an ordinance by the City Council to become effective. Passage is normally the first Monday of the month following the Transportation and Traffic Commission meeting at which action is recommended.

It generally will require about two (2) months from the time a request is filed until final action is taken. It can take longer if actions are taken that lengthen the investigation or authorization process.

RETURN TO: City of Jefferson  
Department of Public Works  
Britt Smith  
320 East McCarty Street, Jefferson City, Missouri 65101  
Phone: (573) 634-6410 Fax: (573) 634-6562

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

Please call (573) 634-6410 with questions regarding agenda items.

TRANSPORTATION AND TRAFFIC COMMISSION  
AGENDA ITEM REQUEST

Date: \_\_\_\_\_

REQUEST FOR:

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LOCATION:

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REASON FOR REQUEST:

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CONTACT PERSON:

Phone Number(s):

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCATION SKETCH: